

OFFICE OF THE SUPERINTENDENT CHC KESINGA, DIST.KALAHANDI
ODISHA

Letter No. 171

Date 21.06.22

To,

The Chairman,
State pollution Control Board, Odisha
Bhubaneswar.

Sub:- Submission of annual report on BMW activities of CHC Kesinga.

Sir,

With reference to the subject cited above, I am submitting herewith the annual report on BMW activities of CHC Kesinga for favour of your information and necessary action at your end.

Form IV- Annual Report :- 01.01.2021 to 31.12.2021
Form-1 Accident Reporting: - 01.01.2021 to 31.12.2021
E-waste report:- :-01.04.2021 to 31.03.2022

Yours Sincerely


Superintendent
CHC Kesinga, Dist. Kalahandi

Office Raigada for information and


Superintendent
CHC Kesinga, Dist. Kalahandi

ion and necessary action.


Superintendent
CHC Kesinga, Dist. Kalahandi

RD0797765811N IVR:8279
RL KESINGA S.O <766012>
Counter No:1,21/06/2022
To:THE DIST PHO,KALAHANDI
PIN:766012, Kesinga S.O
From:SUPERINTENDENT,CHC KESINGA
Wt:30gms
Amt:27.00(Cash)
<Track on www.indiapost.gov.in>
<Dial 18002666868> <Wear masks, Stay Safe>

RD0797765875IN IVR:8279
RL KESINGA S.O <766012>
Counter No:1,21/06/2022
To:THE MEMBER SE,R D RAIGADA
PIN:766001, Raigada(O) H.O
From:SUPERINTENDENT,CHC KESINGA
Wt:30gms
Amt:27.00(Cash)
<Track on www.indiapost.gov.in>
<Dial 18002666868> <Wear masks, Stay Safe>

RD0797765809IN IVR:8279
RL KESINGA S.O <766012>
Counter No:1,21/06/2022
To:THE CHAIR MAN,STATE POLLUTION
PIN:751012, Nayapalli S.O
From:SUPERINTENDENT,CHC KESINGA
Wt:30gms
Amt:27.00(Cash)
<Track on www.indiapost.gov.in>

Form - IV
(See rule 13)
ANNUAL REPORT

to be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBMWF)

Sl. No.	Particulars																																																	
1	Particulars of the Occupier																																																	
	(i) Name of the authorised person (occupier or operator of facility)	DR SUBASH CHANDRA DEHERA																																																
	(ii) Name of HCF or CBMWF	CHC Kesinga																																																
	(iii) Address for Correspondence																																																	
	(iv) Address of Facility	At Po- Kesinga, Dist- Kalahandi, Odisha																																																
	(v) Tel. No. Fax No	9437122515																																																
	(vi) E-mail ID	ah.kesinga@gmail.com																																																
	(vii) URL of Website	chckesinga.in																																																
	(viii) GPS coordinates of HCF or CBMWF																																																	
	(ix) Ownership of HCF or CBMWF	(State Government or Private or Semi Govt. or any other)																																																
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No 6728/SPCB No 06 07 2019 Valid up to 31 03 2023																																																
(xi) Status of Consents under Water Act and Air Act	Valid up to																																																	
2	Type of Health Care Facility																																																	
	(i) Bedded Hospital	No. of Beds 30																																																
	(ii) Non bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)																																																	
(iii) License number and its date of expiry																																																		
3	Details of CBMWF																																																	
	(i) Number healthcare facilities covered by CBMWF																																																	
	(ii) No of beds covered by CBMWF																																																	
	(iii) Installed treatment and disposal CBMWF: capacity of CBMWF Kg per day																																																
(iv) Quantity of biomedical waste treated or disposed by CBMWF Kg/day																																																	
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)																																																	
	Yellow Category	1289.9 Kg																																																
	Red Category	455.200 Kg																																																
	White	43.32 Kg																																																
	Blue Category	422.100 Kg																																																
General Solid waste	4710.500 Kg																																																	
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																	
	(i) Details of the on-site storage facility	Size : Capacity : Provision of on-site storage : (cold storage or any other provision)																																																
	disposal facilities	<table border="1"> <thead> <tr> <th>Type of Treatment Equipment</th> <th>No of Unit</th> <th>Capacity Kg/ day</th> <th>Quantity treated or disposed kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators.....</td> <td>0</td> <td>0</td> <td>.....</td> </tr> <tr> <td>Plasma Pyrolysis.....</td> <td>0</td> <td>0</td> <td>.....</td> </tr> <tr> <td>Autoclaves.....</td> <td>0</td> <td>0</td> <td>.....</td> </tr> <tr> <td>Microwave.....</td> <td>0</td> <td>0</td> <td>.....</td> </tr> <tr> <td>Hydroclave.....</td> <td>0</td> <td>0</td> <td>.....</td> </tr> <tr> <td>Shredder.....</td> <td>0</td> <td>0</td> <td>.....</td> </tr> <tr> <td>Needle tip cutter or destroyer.</td> <td>5</td> <td>0.1 kg</td> <td>43.32kg.</td> </tr> <tr> <td>Sharps encapsulation or concrete pit.</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Deep burial pits.....</td> <td>5</td> <td>3.53 kg</td> <td>1289.9 kg.</td> </tr> <tr> <td>Chemical.....</td> <td>1</td> <td>01..15 kg</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>422.100Kg</td> <td>.....</td> </tr> </tbody> </table>	Type of Treatment Equipment	No of Unit	Capacity Kg/ day	Quantity treated or disposed kg per annum	Incinerators.....	0	0	Plasma Pyrolysis.....	0	0	Autoclaves.....	0	0	Microwave.....	0	0	Hydroclave.....	0	0	Shredder.....	0	0	Needle tip cutter or destroyer.	5	0.1 kg	43.32kg.	Sharps encapsulation or concrete pit.	Deep burial pits.....	5	3.53 kg	1289.9 kg.	Chemical.....	1	01..15 kg	422.100Kg
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Superintendent,
CHC Kesinga, Dist Kalahandi

	(vi) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum (vii) No. of vehicles used for collection and transportation of biomedical waste (viii) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum (ix) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of (x) List of member HCF not handed over bio-medical waste	Red Category (like plastic, glass etc.) 455,200 Kg <table border="1"> <thead> <tr> <th>0</th> <th>Quantity 0 generated</th> <th>01 Where disposed</th> </tr> </thead> <tbody> <tr> <td colspan="3">M/S Kanakadurga Enterprises, Bhubaneswar</td> </tr> </tbody> </table>	0	Quantity 0 generated	01 Where disposed	M/S Kanakadurga Enterprises, Bhubaneswar		
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M/S Kanakadurga Enterprises, Bhubaneswar								
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes						
7	Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management (ii) number of personnel trained (iii) number of personnel trained at the time of induction (iv) number of personnel not undergone any training so far (v) whether standard manual for training is available? (vi) any other information)	1 47 0 0 Yes						
8	Details of the accident occurred during the year (i) Number of Accidents occurred (ii) Number of the persons affected (iii) Remedial Action taken (Please attach details if any) (iv) Any Fatality occurred, details.	No No NR						
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? Details of Continuous online emission monitoring systems installed							
10	Liquid waste generated and treatment methods in place How many times you have not met the standards in a year?							
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Yes						
12	Any other relevant information							

Certified that the above report is for the period from

... 01.01.2021 to 31.12.2021

Date 18.06.2022
Place KESINGA


 Name and Signature of the Head of the Institution
Superintendent,
CHC Kesinga, Dist. Kalahandi

FORM - I
[See rule 4(o), 5(i) and 15(2)]

01.01.2021 to 31.12.2021
CHC Kesinga

ACCIDENT REPORTING

1. Date and time of accident : NIL
2. Type of Accident :NIL
3. Sequence of events leading to accident : NIL
4. Has the Authority of been informed immediately: NIL
5. The type of waste involved in accident :NIL
6. Assessment of the effects of the accidents on human health and the environment :
7. Emergency measures taken :NIL
8. Steps taken to alleviate the effects of accidents:
9. Steps taken to prevent the recurrence of such an accident :
10. Does you facility has Emergency Control policy?
If yes, give details :

Date :...18.06.2022.....

Place- KESINGA.....

Signature

.....

Designation

Superintendent,
CHC Kesinga, Dist. Kalahandi

FORM-3

[See rules 4(5), 5(5), 8(6), 9(4), 10(8), 11(9), 13 (1) (xi), 13(2)(v),
13(3)(vii) and 13(4)(v)]

FORM FOR FILING ANNUAL RETURNS

[To be submitted by producer or manufacturer or refurbisher or dismantler or recycler by 30th day of June following the financial year to which that return relates].

Quantity in Metric Tonnes (MT) and numbers				
1	Name and address of the producer or manufacturer or refurbisher or dismantler or recycler			
2	Name of the authorised person and complete address with telephone and fax numbers and e-mail address	DR. SUBASH CHANDRA BEHERA, AT-CHC KESINGA, PO-KESINGA, DIST-KALAHANDI, OISHA 766012 PHONE-06670222030, EMAIL-AH.KESINGA@GMAIL.COM		
3	Total quantity of e-waste collected or channelised to recyclers or dismantlers for processing during the year for each category of electrical and electronic equipment listed in the Schedule I (Attach list) by PRODUCERS	During 2021-22		
	Details of the above	TYPE	QUANTITY	No.
3(A)*	BULK CONSUMERS: Quantity of e-waste			
3(B)*	REFURBISHERS: Quantity of e-waste:			
3(C)*	DISMANTLERS: i. Quantity of e-waste processed (Code wise); ii. Details of materials or components recovered and sold; iii. Quantity of e-waste sent to recycler; iv. Residual quantity of e-waste sent to Treatment, Storage and Disposal Facility.			
3(D)*	RECYCLERS: i. Quantity of e-waste processed (Code wise); ii. Details of materials recovered and sold in the market; iii. Details of residue sent to Treatment, Storage and Disposal Facility.			


4	Name and full address of the destination with respect to 3(A)-3(D) above	Type	Quantity
5	Type and quantity of materials segregated or recovered from e-waste of different codes as applicable to 3(A)-3(D)		

✓ Enclose the list of recyclers to whom e-waste have been sent for recycling.

Place Kesinga

Date 18/06/2022

Signature of the authorised person


Superintendent,
OFC Kesinga, Dist. Kalahandi

Note:-

- (1) * Strike off whichever is not applicable
- (2) Provide any other information as stipulated in the conditions to the authoriser
- (3) In case filing on behalf of multiple regional offices, Bulk Consumers and Producers need to add extra rows to 1 & 3(A) with respect to each office.

Reporting year 2021-22

Categories of electrical and electronic equipment including their components, consumables, parts and spares covered under the rules

Type	Quantity in number	Remarks
CFL Bulb	65	
LEB Barlight	27	
Ceiling Fan	19	
Wall Fan	2	
Cooler & moter	3	
Main Switch & MCB	10	
Ceiling fan coil	6	
Fan & motor capacitor	28	
Motor Starter	0	
Print cartridge	2	
Inverter	0	
Battery	0	
Street light	3	


Superintendent,
CHC Kesinga, Dist. Kalahandi